

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/534157

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	/					
2							52	/					
3							53	/					
4							54	/					
5							55	/					
6							56	/					
7							57	/					
8							58	/					
9							59	/					
10							60	/					
11							61	/					
12							62	/					
13							63	/					
14							64	/					
15							65	/					
16							66	/					
17							67	/					
18							68	/					
19							69	/					
20							70	/					
21							71	/					
22							72	/					
23							73	/					
24							74	/					
25							75	/					
26							76	/					
27							77	/					
28							78	/					
29							79	/					
30							80	/					
31							81	/					
32							82	/					
33							83	/					
34							84	/					
35							85	/					
36							86	/					
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46	/						96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						